

## **Application Data Sheet**

### **Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?

Title:: INCENTIVE BASED HEALTH CARE INSURANCE PROGRAM

Attorney Docket Number:: 04237118

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity:: YES

Petition Included?::

Secrecy Order in Parent Appl.?::

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status:: Full Capacity

Given Name:: Darren

Middle Name::

Family Name:: HODGDON

City of Residence:: Lake Forest

State or Province of Residence:: Illinois

Country of Residence:: United States

Street of Mailing Address:: 755 N. Washington Street

City of Mailing Address:: Lake Forest

State or Province of Mailing Address:: Illinois

Postal or ZIP Code of Mailing Address:: 60045

**Correspondence Information**

Correspondence Customer Number:: 26565

Representative Customer Number:: 26565